U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<u> </u>	
1 File Number U - 934/	2 Fiscal Year Covered From
• •	01/01/2004 Through 12/31/2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name KAREN SULLIVAN	Name UFCW LOCAL 99
	Labor Organization File Number 002-91.1
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 4905 W ACOMA	Street 2401 N CENTRAL AVE 2ND FLR
City GLENDALE	City PHOENIX
State AZ ZIP Code + 4 85306	State AZ ZIP Code + 4 85004
5 Position in labor organization OFFICE MANAGER	
A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any)	7 a Hadre of Interest, Transaction, of Income
Name	
Trade Name, if any	
P.O. Box, Bldg , Room No., if any	
Street	7 b Amount
City	
State ZÎP Code +4	
Sign	nature
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is; to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Carlotte	On 8/11/05 602-251-0421 Date Telephone Number
· ( )	as it is a second of the secon

File Number U-KAREN SULLIVAN B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name, if any) 9 Business deals with Name DAVID R SULLIVAN a Labor Organization Trade Name, If any DBA: DAVE'S JANITORIAL **b** Trust P O Box, Bldg , Room No , if any c Employer 4905 W ACOMA Street City GLENDALE ZIP Code + 4 | 85306 State 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Janitorial services Name Trade Name, if any PO Box, Bldg , Room No , if any Street 11 b Approximate dollar value of such dealing City 12 a Nature of interest held or income received ZIP Code + 4 Janitorial services for UFCW Local State 99, 2401 N Central Ave, Phx AZ 85004 12 b Amount \$16,400.00 C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any ,

14 b Amount of payment

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

State